



FINAL

HCFA MARKET RESEARCH FOR BENEFICIARIES

**INCREASING MEDICARE BENEFICIARY
KNOWLEDGE
THROUGH IMPROVED COMMUNICATIONS:**

**SUMMARY REPORT ON THE
LIMITED EDUCATION/LOW LITERACY
MEDICARE POPULATION**

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The primary authors of this report are Jennifer Dunbar, Policy Analyst, and Steve Parente, Senior Research Director, of Project HOPE's Center for Health Affairs. The report is a synthesis of findings from three other reports prepared under HCFA's Market Research for Beneficiaries contract:

- ◆ *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Inventory Research Findings for Vision-Impaired, Hearing-Impaired, and Low-Literate Beneficiaries*, written by Kenneth R. Cahill, Lisa Green, and Margaret Edder of Barents Group; Jennifer Dunbar of Project HOPE; and Joan E. DaVanzo, formerly of Barents Group [Final Draft, December 1997].
- ◆ *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Focus Group Research Findings for Vision-Impaired, Hearing-Impaired, and Low-Literate Beneficiaries*, written by Barbara H. Forsyth, W. Sherman Edwards, and Martha Stapleton Kudela of Westat, Inc. [Final Draft, October 1998].
- ◆ *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Medicare Current Beneficiary Survey Findings*, written by Kenneth R. Cahill, Mary A. Laschober, Lisa Green, and Margaret Edder of Barents Group; Steve Parente, Laura Hodges, and Jennifer Dunbar of Project HOPE; and Joan E. DaVanzo, formerly of Barents Group [Final Draft, August 1998].

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CHAPTER 1. SUMMARY

As part of its long-term strategic plan, the Health Care Financing Administration (HCFA) has undertaken an Agency-wide initiative to adapt its operations to improve communications with Medicare beneficiaries and with its provider partners. Helping beneficiaries to understand their choices among health care plans, providers, and treatment options and the implications of those choices on cost, quality, access and outcomes is especially important now that the Balanced Budget Act of 1997 (BBA) has expanded the health plan options available to beneficiaries. The full range of choices envisioned under BBA is not currently available in the market but an increasing number of beneficiaries will face a much more complex set of choices in the coming years. Medicare beneficiaries not only need to understand the various features of these different options in order to choose the design that best meets their needs, they also need basic knowledge about many aspects of the Medicare program.

Research Purpose and Methods

The Market Research for Beneficiaries project was designed to provide HCFA with answers to the two fundamental questions that underlie effective communication:

- ◆ **What information do beneficiaries want or need from HCFA?**
- ◆ **What are the best ways to communicate that information to them?**

The Market Research for Beneficiaries project collected data from three sources to answer the questions:

- ◆ An inventory of perceived information needs and effective communication strategies from a variety of organizations and individuals who work directly with Medicare beneficiaries,
- ◆ Focus groups with Medicare beneficiaries, and
- ◆ A national survey of the Medicare population – the Medicare Current Beneficiary Survey (MCBS).

Each of the three data sources has particular strengths. Together, they can provide HCFA with a broad, deep, and representative understanding of communication with beneficiaries. The survey of Medicare beneficiaries helps ensure that the information gathered is representative of Medicare beneficiaries,¹ while the focus groups and inventory of organizations contribute more in-depth information than can be obtained from a large-scale survey. A description of methodologies for each of the data collection tools is contained in a separate appendix.²

¹ The MCBS data used in this report apply only to Medicare beneficiaries age 65 years old or older who were not living in a short-term or long-term care facility during the first two rounds of data collection in 1997.

² See the Appendix to Cahill, et al., *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Summary Report on the General Medicare Population*, Final Draft, October 1988, Health Care Financing Administration.

As part of HCFA's commitment to adapt its operations and communication strategies to better serve *all* Medicare beneficiaries, the Agency identified a diverse set of beneficiary subgroups that it believes may have special information needs regarding the Medicare program or that may require innovative communication approaches to effectively convey information to the subgroup. This report synthesizes key findings from the three data sources for one of the identified "hard to reach" beneficiary subgroups – *beneficiaries with a limited education and/or poor literacy skills*. The report compares the subgroup's information needs and best communication strategies with those of the general elderly Medicare population. Additional summary reports examine the information needs and best communication strategies for African American beneficiaries, Hispanic beneficiaries, those dually eligible for Medicaid and Medicare, beneficiaries who live in rural areas, and vision- and hearing-impaired beneficiaries.

Key Findings and Implications for HCFA

Key Findings

Compared with the general Medicare population, beneficiaries with a limited education and low literacy skills:

- ◆ Have a greater need for basic Medicare program information,
- ◆ Are far less knowledgeable of many specific aspects of the Medicare program, and
- ◆ Prefer informal and familiar sources and modes of communication, including one-on-one in-person delivery of information, telephone helplines, and advice from family and friends.

Many Medicare beneficiaries, regardless of their educational background, lack a basic understanding of the Medicare program. This lack of knowledge is exacerbated for the low-literate population by the less effective ways in which they process information, and their greater likelihood of having a low income, of being of minority status, and of relying on Medicaid. They are also more likely to be in fair or poor health. Thus, low literacy complicates all their interactions with the health care system (e.g., coordination of Medicare and Medicaid coverage), and at the same time their poorer health status increases their need for such interactions.

In particular, low-literate beneficiaries have **information needs** regarding:

- ◆ The general structure of the Medicare program,
- ◆ How to obtain medical services,
- ◆ The extent of their Medicare, and sometimes Medicaid, coverage, and
- ◆ Out-of-pocket costs associated with their Medicare benefits.

While low-literate beneficiaries and Medicare beneficiaries in general tend to use the same **sources and ways to obtain information** across a number of Medicare-related topics, low-literate beneficiaries:

- ◆ Rely to a greater extent on informal sources, such as friends and family, for Medicare information;
- ◆ Demonstrate an overwhelming preference for in-person one-on-one contact compared with the general Medicare population;

- ◆ May feel intimidated and overwhelmed in the medical setting and prefer provider encounters that are in a comfortable and respectful atmosphere;
- ◆ Identified telephone conversations and simple brochures as helpful information sources; and
- ◆ Generally are not comfortable using newer technologies, such as computers and the Internet, to access Medicare information.

Implications for HCFA

There are several **key implications for HCFA** for designing effective communication strategies for beneficiaries with poor literacy skills:

- ◆ The inventory, focus group, and MCBS analyses found that low-literate beneficiaries rely heavily on information that is communicated in-person rather than in writing. This allows them to better use their compensating skills to gather information, such as enhanced listening and memory abilities and reliance on verbal explanations and visual cues. Given such a finding, a short, simple brochure outlining the basics of the Medicare program and containing a prominently displayed collection of telephone numbers to call or places to go for additional information (such as State Health Insurance Assistance Programs (SHIPs)) may successfully address the information needs of many beneficiaries with relatively low literacy skills.
- ◆ Print materials may be used even though some individuals with the lowest education may not be able to use them. Brochures and pamphlets written at most a 4th grade reading level should address the needs of most Medicare beneficiaries. However, since skill levels vary widely, an even simpler version may be needed for the low literacy group.
- ◆ The low-literate population had obtained Medicare information from Medicare sources in the past, including the Medicare Handbook, and ranked HCFA high on trustworthiness in the focus groups. However, the low-literate population was more likely than the general Medicare population to find the Handbook difficult to understand. Inventory respondents noted that the Handbook is written for readers who are more sophisticated readers than many older adults. HCFA should consider making the Handbook less text heavy, and employ more white space and graphics. Other possibilities include putting the most important points in a pull quote, sidebar, or subheadings to draw attention to them.
- ◆ HCFA should rely more heavily on partnerships with community groups, such as senior citizen centers, literacy advocacy groups, and local aging and insurance agencies (as planned for its National Medicare Education Program), to provide Medicare information to low-literate beneficiaries or to involve them in presentations of Medicare materials in follow-up to, or simultaneously with, distribution of simplified brochures.
- ◆ HCFA should also heavily advertise the services provided through its increased funding for SHIPs, especially in campaigns targeted to low literacy groups. Although few beneficiaries currently rely on SHIPs as a source of information, more might do so if they were aware of the possibility of one-on-one explanations and answers to questions.
- ◆ A number of inventory respondents suggested that it is best to use a variety of communication modes and sources for all beneficiaries, thereby allowing multiple opportunities for beneficiaries to access information. Very often, low-literate individuals

have developed compensatory strengths, such as enhanced listening and memory skills, and are often very attuned to nonverbal or body language.

- ◆ For the low-literate population, it appears that “official” sources of information – such as providers – can be intimidating, while informal sources – such as family and friends – are more familiar and comfortable. Providing Medicare information to the family and friends of the low-literate elderly population (e.g., through the workplace or at local libraries) is an important strategy since such individuals often have someone who can assist them with literacy-related tasks. Low-literate beneficiaries value feeling comfortable and respected when discussing personal matters and consider their family and friends trustworthy. Family and friends may also be able to assist these beneficiaries in better understanding Medicare program information.

Organization of Report

This report is organized into four additional chapters:

- ◆ A profile of elderly low-literate Medicare beneficiaries, with their characteristics compared with the general elderly Medicare population;
- ◆ A summary of low-literate beneficiaries’ information needs;
- ◆ A discussion of information sources preferred by low-literate beneficiaries; and
- ◆ A summary of communication modes preferred by the low literacy group.

CHAPTER 2. PROFILE OF LOW-EDUCATED MEDICARE BENEFICIARIES

Research has shown that Medicare beneficiaries are especially likely to have low literacy skills:

- ◆ Two of five older adults read below the 5th grade level – twice the rate of the general U.S. adult population.
- ◆ National statistics reveal that 29 million older adults (61 percent) have limited reading and comprehension skills, and millions more prefer easy-to-read materials.
- ◆ Census data from 1990 show that 94 percent of adults ages 25 to 64 completed the eighth grade compared to only 24 percent of adults age 65 or older.

This chapter profiles beneficiaries with low literacy skills and limited educational attainment,³ examining their information processing, demographic, economic, and health status characteristics. In the MCBS, 6.5 percent of the non-institutionalized elderly Medicare population reported they had only completed five years or less of formal schooling.

Key Beneficiary Characteristics

- ◆ Low literacy individuals rely more heavily on oral explanations, visual cues and demonstration of tasks to learn, rather than on written materials, compared with the general beneficiary population.
- ◆ A higher percentage of those with a limited education are among the oldest cohort of elderly beneficiaries (85 years old and older) and are male, compared with the general beneficiary population.
- ◆ Low-educated beneficiaries live with their children with greater frequency and with their spouse at lower frequency at all ages. In addition, as the low educated population ages, they are much less frequently found living alone compared with the general elderly Medicare population.
- ◆ One of the more significant differences between the low educated and general beneficiary population is the greater percentage of minorities among those with a limited education.
- ◆ In stark contrast to the general Medicare population, the income of low-educated beneficiaries is heavily distributed among the lowest income categories, and low-educated beneficiaries were substantially more likely than the general elderly Medicare population to have received Medicaid at all ages in 1996.
- ◆ The low educated elderly beneficiary population reported being in fair or poor health almost twice as frequently as the general elderly Medicare population.

Information Processing Characteristics

Individuals with low educational attainment and poor literacy skills often interpret and process information differently than individuals with higher literacy proficiency, causing many

³ In this summary report, beneficiaries with a “limited education” are defined as those who reported on the MCBS that they had completed only five years of formal schooling or less.

individuals to be confused by complex written and verbal communication. Common information processing characteristics of persons with low literacy skills are presented in Figure 2.1.

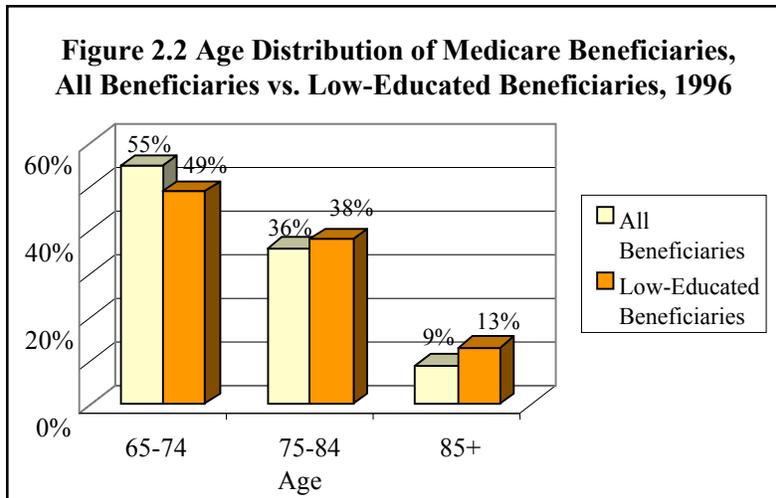
Figure 2.1 Characteristics of Persons with Poor Literacy Skills

- ◆ Perception of information in bits and pieces, often without context.
- ◆ A tendency to think in concrete/immediate rather than abstract/futuristic terms.
- ◆ Literal interpretation of information, including interpretation of instructions literally without making distinctions for different situations.
- ◆ Insufficient language fluency to comprehend and apply information from written materials.
- ◆ Difficulty with information processing, such as reading a menu, interpreting a bus schedule, following medical instructions, or reading a prescription label.
- ◆ A heavy reliance on visual cues such as body language.
- ◆ Difficulty in finding and processing quantitative information in written materials.
- ◆ Limited prose skills.
- ◆ Difficulty interpreting and filling out documents.

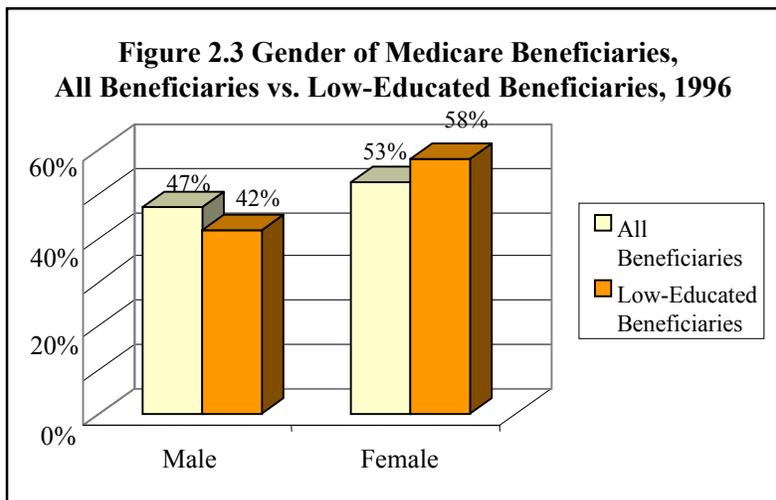
Low-literate individuals rely heavily on oral explanations, visual cues, and demonstration of tasks to learn, rather than on written materials. Very often, these individuals have developed compensatory strengths, such as enhanced listening and memory skills, and are often very attuned to nonverbal or body language. As noted in the inventory research, the coping mechanisms used by low-literate individuals are important considerations in HCFA's design of an effective communication strategy.

Demographic Characteristics

In contrast to the general beneficiary population, those with a limited education were slightly more likely to be among the oldest cohort of elderly beneficiaries and to be male (Figures 2.2 and 2.3). Nearly 13 percent of low-educated beneficiaries were 85 years of age or older compared with 9 percent of the general Medicare population. Like the general Medicare population, an increasingly higher proportion of low-educated beneficiaries are female in the older age groups. However, about 47 percent of all low-educated beneficiaries are male, compared with 42 percent of the general elderly Medicare population.



Source: Figure prepared by Barents Group LLC, in collaboration with Project HOPE
 Data Source: Medicare Current Beneficiary Survey



Source: Figure prepared by Barents Group LLC, in collaboration with Project HOPE
 Data Source: Medicare Current Beneficiary Survey

Living arrangements for low literacy and general Medicare beneficiaries differ, and these differences become more apparent as beneficiaries grow older (Table 2.1). **Low-educated beneficiaries are more likely to live with their children and less likely to live with their spouse at most ages. In addition, as the low educated population ages, they are much less likely to live alone compared with the general elderly Medicare population.** For example, fewer than 4 out of 10 of the low educated population age 85 or older reported living alone compared to almost 5 out of 10 of the general Medicare population in this age group.

Table 2.1 Living Arrangements of Low-Educated Beneficiaries Compared to All Medicare Beneficiaries, 1996								
Living Arrangements	Total Medicare Population		Ages 65-74		Ages 75-84		Ages 85 and older	
	Low-Ed	All	Low-Ed	All	Low-Ed	All	Low-Ed	All
<i>Lives alone</i>	28%	30%	24%	23%	30%	36%	40%	51%
<i>Lives with spouse</i>	46%	56%	54%	65%	43%	50%	26%	24%
<i>Lives with children</i>	17%	9%	14%	7%	19%	9%	26%	17%
<i>Lives with others</i>	9%	5%	9%	5%	8%	5%	9%	8%

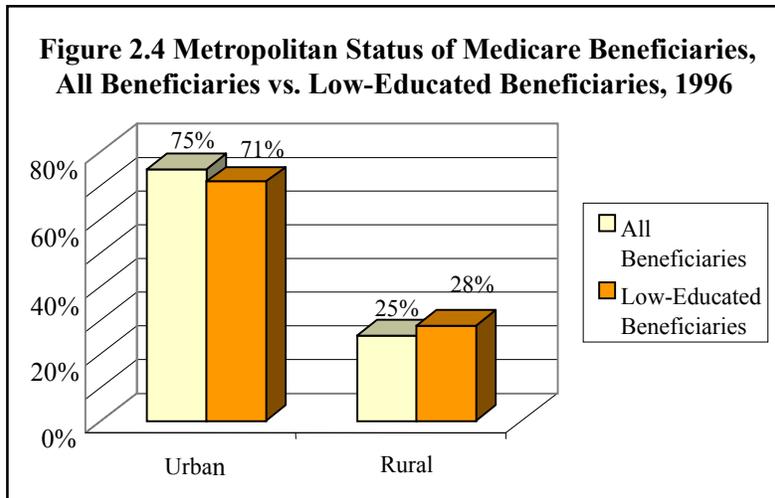
Source: Table prepared by Barents Group LLC, in collaboration with Project HOPE
Data Source: Medicare Current Beneficiary Survey

One of the more significant differences between the low educated and general beneficiary population is the greater percentage of minorities among those with a limited education (Table 2.2). Regardless of age, the low educated population included 37 percent to 45 percent non-Hispanic White beneficiaries – much less than the average of 85 percent documented among the general Medicare population. African Americans comprised 20 percent, and Hispanics 33 percent, of low educated elderly beneficiaries, compared to almost 8 percent and 6 percent, respectively, of general Medicare beneficiaries in 1996. The large proportion of Hispanics among low-educated beneficiaries may also include many people who have not yet learned English.

Table 2.2 Race/Ethnicity by Age for Low-Educated Beneficiaries and All Medicare Beneficiaries, 1996								
Race/Ethnicity	Total Medicare Population		Ages 65-74		Ages 75-84		Ages 85 and older	
	Low-Ed	All	Low-Ed	All	Low-Ed	All	Low-Ed	All
<i>White, non-Hispanic</i>	41%	85%	37%	83%	45%	86%	45%	86%
<i>Black, non-Hispanic</i>	20%	8%	20%	8%	18%	7%	27%	8%
<i>Hispanic</i>	33%	6%	38%	7%	30%	5%	23%	5%
<i>Other Race/Ethnicity</i>	5%	2%	5%	2%	6%	2%	5%	1%

Source: Table prepared by Barents Group LLC, in collaboration with Project HOPE
Data Source: Medicare Current Beneficiary Survey

Low-educated beneficiaries are only slightly more likely than general Medicare beneficiaries to live in rural areas (28 percent vs. 25 percent, respectively) (Figure 2.4).



Source: Figure prepared by Barents Group LLC, in collaboration with Project HOPE
 Data Source: Medicare Current Beneficiary Survey

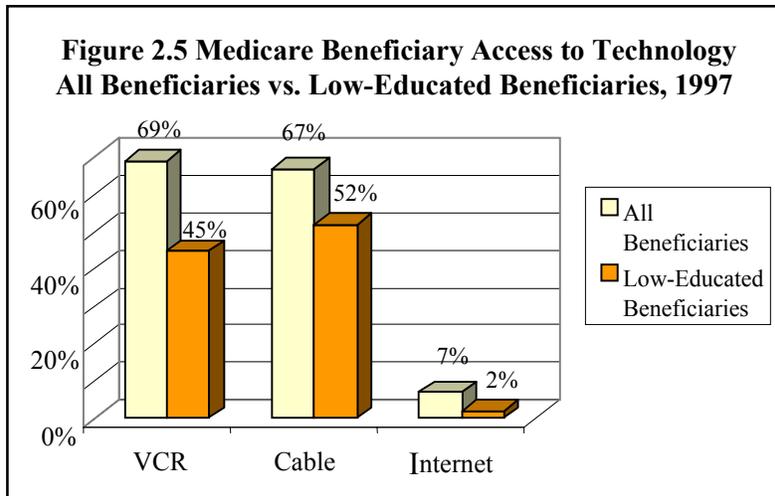
Economic Characteristics

In stark contrast to the general Medicare population, the income of low-educated beneficiaries is preponderantly in the lowest income categories (Table 2.3). On average, nearly 8 out of 10 low-educated beneficiaries reported having an annual income of less than \$15,000 in 1996 compared to only slightly more than 4 out of 10 of general Medicare beneficiaries. Similar to the general Medicare population, the likelihood of low income increased with age among low-educated beneficiaries.

Income Level	Total Medicare Population		Ages 65-74		Ages 75-84		Ages 85 and older	
	Low-Ed	All	Low-Ed	All	Low-Ed	All	Low-Ed	All
<i>Less than \$15,000</i>	81%	42%	79%	36%	82%	45%	86%	64%
<i>Between \$15,000-\$30,000</i>	15%	34%	15%	35%	16%	36%	12%	24%
<i>More than \$30,000</i>	4%	24%	6%	29%	3%	19%	2%	12%

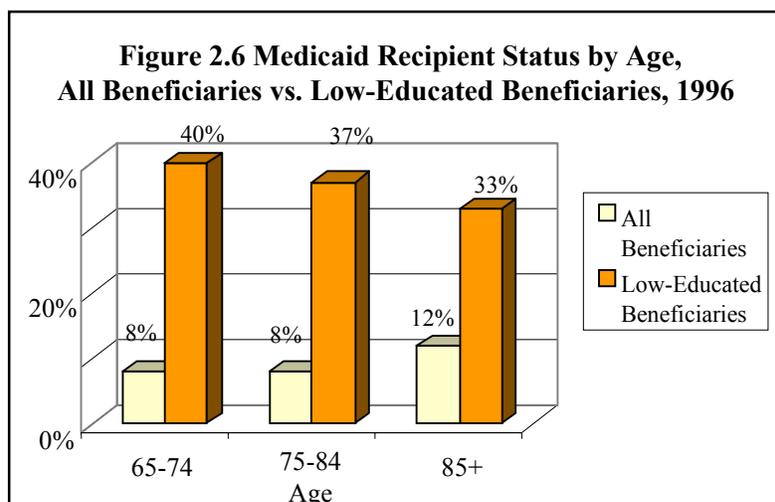
Source: Table prepared by Barents Group LLC, in collaboration with Project HOPE
 Data Source: Medicare Current Beneficiary Survey

Low-educated beneficiaries had markedly less access to newer technologies (VCRs, cable TV, and the Internet) compared with the general Medicare population. Cable TV was available to 52 percent of low-educated beneficiaries compared to 67 percent of the general population and 45 percent compared to 69 percent had access to a VCR respectively (Figure 2.5).



Source: Figure prepared by Barents Group LLC, in collaboration with Project HOPE
Data Source: Medicare Current Beneficiary Survey

Low-educated beneficiaries were substantially more likely than the general Medicare population to have received Medicaid at all ages in 1996 (Figure 2.6). Almost 38 percent of the low educated population across all ages received Medicaid benefits compared with about 8 percent of the general Medicare population. In contrast to the general Medicare population, where Medicaid enrollment increased with age, Medicaid enrollment for the low educated subgroup decreased with age. Forty percent among those ages 65 to 74 were Medicaid recipients, while only 33 percent of low-educated beneficiaries over age 85 received Medicaid assistance in 1996.



Source: Figure prepared by Barents Group LLC, in collaboration with Project HOPE
Data Source: Medicare Current Beneficiary Survey

Health Characteristics

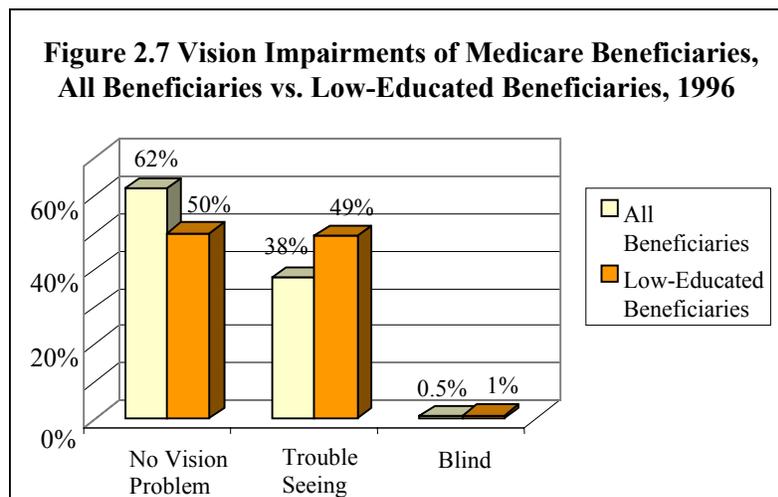
The low educated elderly beneficiary population was almost twice as likely to report being in fair or poor health as the general elderly Medicare population (Table 2.4). As with the low-educated dually-eligible population, however, the proportion of the low educated subgroup

who reported being in fair to poor health decreased with age. Forty-three percent of those ages 65 to 74 reported fair to poor health, while only 33 percent of those 85 and older reported this. In contrast, the general Medicare population reported a decrease in excellent health status and an increase in fair to poor health status as they grew older.

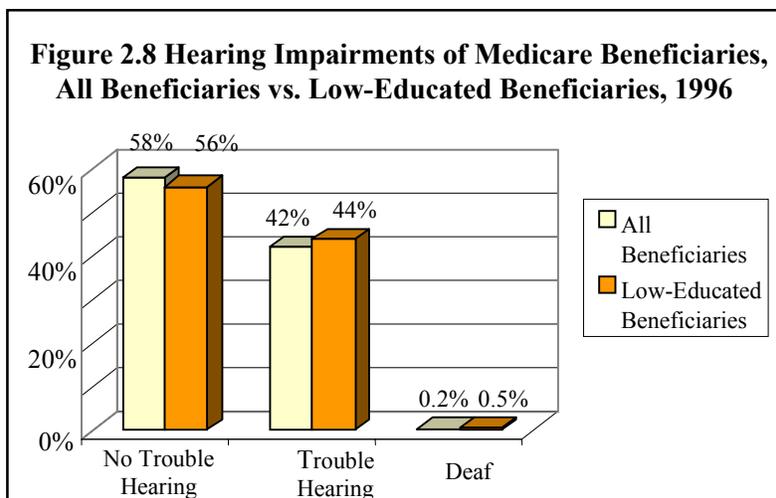
Table 2.4 Self-Reported Health Status by Age of Low-Educated Beneficiaries and All Medicare Beneficiaries, 1996								
Health Status	Total Medicare Population		Ages 65-74		Ages 75-84		Ages 85 or older	
	Low-Ed	All	Low-Ed	All	Low-Ed	All	Low-Ed	All
<i>Excellent/ Very Good</i>	30%	49%	28%	52%	30%	45%	35%	43%
<i>Good</i>	30%	31%	29%	30%	31%	32%	32%	32%
<i>Fair/Poor</i>	40%	21%	43%	18%	40%	23%	33%	25%

Source: Table prepared by Barents Group LLC, in collaboration with Project HOPE
Data Source: Medicare Current Beneficiary Survey

One out of two low-educated beneficiaries reported trouble with their vision compared with somewhat more than one out of three general Medicare beneficiaries (Figure 2.7). Both populations were equally as likely to have trouble hearing across all age categories (Figure 2.8).



Source: Figure prepared by Barents Group LLC, in collaboration with Project HOPE
Data Source: Medicare Current Beneficiary Survey



Source: Figure prepared by Barents Group LLC, in collaboration with Project HOPE
 Data Source: Medicare Current Beneficiary Survey

Low-educated beneficiaries were somewhat more likely to report limitations in performing activities of daily living (ADL) than the general Medicare population (Table 2.5). ADLs are activities related to personal care and include bathing or showering, dressing, getting in and out of bed or a chair, using the toilet, and eating. In contrast to their self-reported overall health status, an increasingly higher percentage of low-educated beneficiaries reported ADL limitations as they aged, and multiple ADL limitations at all ages, compared with the general Medicare population.

ADL Count**	Total Medicare Population		Ages 65-74		Ages 75-84		Ages 85 or older	
	Low-Ed	All	Low-Ed	All	Low-Ed	All	Low-Ed	All
0 ADLs	74%	83%	81%	88%	68%	81%	61%	63%
1 ADL	12%	8%	10%	6%	14%	10%	13%	15%
2 ADLs	6%	4%	3%	2%	9%	4%	10%	7%
3 ADLs	4%	2%	3%	1%	4%	3%	9%	6%
4 ADLs	2%	2%	2%	1%	2%	2%	4%	6%
5 ADLs	2%	1%	1%	1%	3%	1%	3%	3%

Source: Table prepared by Barents Group LLC, in collaboration with Project HOPE

Data Source: Medicare Current Beneficiary Survey

*ADLs= Activities of Daily Living

**ADL Count = Number of ADLs beneficiary has difficulty performing without help.

Implications for HCFA

- ◆ Low literacy individuals rely heavily on oral explanations, visual cues, and demonstration of tasks to learn, rather than on written materials. They tend to develop compensatory strengths, such as enhanced listening and memory skills. These preferred ways for receiving information are important considerations for HCFA's design of an effective communication

strategy. Specifically, HCFA could consider using telephone help lines, peer education, radio and television programs and video and audio tapes targeted at the low educated population.

- ◆ Since low-educated beneficiaries are more likely to live with their children than the general Medicare population, communication related to Medicare could be targeted to these children, who in turn could share the information with their parents. This could be done through employers, perhaps offered through employee assistance programs.
- ◆ The complexity of reaching a low educated population is exacerbated by the greater representation of minorities. Not only will HCFA need to meet the communication needs of a population with varying degrees of reading ability, it will need to do this in a culturally-sensitive manner and use communication strategies geared toward minority groups. For example, since one-third of the low educated population is Hispanic, written materials must be in Spanish for Spanish-speaking-only beneficiaries and at a level of Spanish that those with a very limited education can understand.
- ◆ Because more than one out of every two low-educated beneficiaries reported difficulty with their vision, written communication materials should accommodate this with large type, easy to read fonts, and simple layouts. Materials with an audio and video component should also be encouraged. However, HCFA needs to keep in mind the lower access of this population to cable TV and VCRs in distributing video materials. Network TV, literacy education groups, and health providers are recommended.
- ◆ HCFA could strengthen its partnerships with local Medicaid offices to develop and distribute information adapted for low literacy audiences.

CHAPTER 3. WHAT INFORMATION DO BENEFICIARIES WITH POOR LITERACY SKILLS WANT OR NEED FROM HCFA?

This chapter addresses the Medicare- and health-related information that is most needed by beneficiaries with low literacy skills, and their extent of knowledge about the Medicare program. It also addresses beneficiary information-seeking behavior. The chapter highlights the similarities and differences between elderly beneficiaries with low literacy abilities and the general elderly Medicare population.

Key Information Needs and Knowledge Levels of Low-Literate Beneficiaries

Of the seven subgroups of beneficiaries selected by HCFA for special examination, **those with low literacy skills reported less of a need for information than the general Medicare population, although they consistently knew less about Medicare than general Medicare beneficiaries.** The assessment of their knowledge of Medicare was based on questions asked of them about Medicare as a part of the MCBS. “Need” for information was based on their own assessment of the usefulness of the additional information to them.

- ◆ For example, nearly one out of three low-educated beneficiaries said they do not follow developments in the Medicare program, in contrast to only one out of five general Medicare beneficiaries reporting this.
- ◆ However, low-educated beneficiaries were far more likely to report knowing little or almost none of what they need to know about various Medicare topics, especially knowledge of the Medicare program in general, payment for services, Medigap policies, and HMO benefits.
- ◆ In addition, beneficiaries with a limited education were less likely than the general Medicare population to be well informed about Medicare-covered preventive benefits.
- ◆ The combination of reporting less need or interest in obtaining information with lower knowledge levels strongly suggests that a majority of the low educated population are reactive or passive information seekers who require proactive education and outreach from HCFA.

Because many individuals with poor literacy skills do not have enough basic information to ask more detailed or complex questions, most of their Medicare-related questions center on the general Medicare program, such as how the Medicare program is structured and how the components of the program work together. Some of the confusion results from low-literate beneficiaries relying on secondary sources of information, such as friends and family members, which may be less reliable than information provided by health care providers or HCFA. **The market research found that this subgroup particularly needs information about:**

- ◆ Instruction on effective navigation of the health insurance system, such as instructions on how to fill out consent or insurance forms;
- ◆ How to better negotiate the health care system and the Medicare program itself;
- ◆ Out-of-pocket costs associated with Medicare benefits;
- ◆ How to integrate Medicaid and Medicare benefits; and
- ◆ How to obtain the services they feel they need to stay healthy.

Health-related information that low-literate beneficiaries need include:

- ◆ Better explanations of important medical therapies, such as how and when to take a prescribed medication.
- ◆ Clear and easy-to-follow instructions for medical directions and procedures.
- ◆ Information about prevalent chronic conditions or how to maintain one's health conveyed in a clear, concise, and uncomplicated manner.

Information Needs

As in the general Medicare population, only a small percentage of low educated beneficiary respondents in the MCBS said they needed information on six Medicare-related topics during the past year, ranging from 3 percent of the subgroup to 6 percent. The majority of low-educated beneficiaries said they found information to answer their questions. **However, a notable percentage – 18 to 25 percent – reported that they did not find the information they needed about the Medicare program, Medicare-covered services, beneficiary payment, and supplemental insurance.** This is somewhat higher than the 13 to 17 percent of the general Medicare population who were unable to find the information they needed during the past year.

The low-literate population generally identified the same topics as important to have more information on as the general Medicare population (Table 3.1). The top choices were the Medicare program itself, staying healthy, and out-of-pocket payment for services. The general beneficiary population also identified these topics as priorities.

- ◆ Low-literate beneficiaries were substantially more likely, however, than the general Medicare population to identify the Medicare program as the most important topic to have more information on (44 percent vs. 35 percent).
- ◆ Approximately the same percent of both groups identified staying healthy and out-of-pocket payments as the other most important topics.
- ◆ Relatively small percentages of both low literacy and general Medicare population beneficiaries reported on the MCBS that they wanted more information about supplemental insurance, Medicare HMOs, or choosing or finding a doctor.
 - ◇ However, some focus group participants with low education levels wanted straightforward information about supplemental insurance plans, including plan comparisons, from an objective source such as HCFA. Some also would like guidance or advice from HCFA in choosing an appropriate supplemental insurance plan.
 - ◇ In addition, some focus group participants with less than a high school education needed more information about Medicare HMOs, particularly information that would address their concerns about quality of care, access to care, and provider choice, and about potential legislative changes to the Medicare program.

Table 3.1 Information Needs of Low-Educated Beneficiaries and All Medicare Beneficiaries, 1997		
Medicare Topic	<u>Low-Educated Beneficiaries</u> Citing Topic as Most Important to Have More Information On	<u>All Beneficiaries Citing Topic</u> as Most Important to Have More Information On
Medicare program	43.9%	37.8%
Staying healthy	27.4%	25.8%
Payment for Medicare services	12.4%	14.3%
Medicare HMOs	8.1%	9.4%
Choosing or finding a doctor	5.8%	6.7%
Supplemental insurance	2.5%	6.2%

Source: Table prepared by Barents Group LLC, in collaboration with Project HOPE
Data Source: Medicare Current Beneficiary Survey

Knowledge of Medicare

Low-literate beneficiaries reported varying knowledge levels across Medicare topics, similar to the general Medicare population. **However, in contrast to the general Medicare population, low-literate beneficiaries were far more likely to report knowing little or almost none of what they need to know about various Medicare topics:**

- ◆ The majority of low-literate beneficiaries reported having little or no knowledge of the Medicare program, payment for services, Medigap policies, and HMO benefits.
- ◆ As few as 20 percent reported knowing everything or most of what they needed to know on these topics; the percentages were generally substantially lower than those for general Medicare beneficiaries (Table 3.2).

Table 3.2 Self-Reported Beneficiary Knowledge of Medicare Topics Low-Educated Beneficiaries vs. All Medicare Beneficiaries, 1997												
Knowledge Level	Medicare Program		Payment for Services		Medigap Policies		HMO Benefits		Finding a Doctor		Staying Healthy	
	All	Low-Ed.	All	Low-Ed.	All	Low-Ed.	All	Low-Ed.	All	Low-Ed.	All	Low-Ed.
Everything/ most of what I need to know	44%	28%	48%	31%	43%	25%	27%	20%	62%	45%	75%	57%
Some of what I need to know	24%	21%	21%	16%	17%	15%	12%	8%	17%	19%	17%	25%
Little/almost none of what I need to know	32%	51%	34%	53%	41%	60%	61%	72%	21%	36%	8%	18%

Source: Table prepared by Barents Group LLC, in collaboration with Project HOPE
Data Source: Medicare Current Beneficiary Survey

Inventory respondents reported that personal health is a vital content area to students of literacy classes because it has relevancy to their lives. Instructors said their students work hard to master the subject for their own benefit, as well as to share information with their family, friends, and community.

- ◆ In support, the MCBS analysis found that low-literate beneficiaries reported greater knowledge about how to find a doctor (45 percent) and how to remain healthy (57 percent) compared with other Medicare-related topics, although they wanted more information on staying healthy.
- ◆ Some focus group participants with low educational attainment said they often find that messages about staying healthy are confusing. They are not particularly interested in getting information on this topic from HCFA.

In examining beneficiary knowledge of Medicare-covered preventive benefits, beneficiaries with a limited education were less well informed and perhaps had less access to or knowledge of where to obtain preventive care than beneficiaries in general.

- ◆ Although low-literate beneficiaries were not significantly different from the general Medicare population in knowing about Medicare coverage for flu vaccines, less than one-third of beneficiaries with a 5th grade education or less actually *received* a flu shot in 1996 compared to almost one-half of beneficiaries who had completed at least the 12th grade.
- ◆ Beneficiaries who had completed the 11th grade or higher were more likely to know about Medicare coverage of the mammogram benefit compared with beneficiaries with a 5th grade education or less. Only 9 percent of females whose education level was 5th grade or less *received* the screening, compared to 22 percent of those who had obtained an education beyond 12th grade.

Low-literate beneficiaries often did not know where to report problems about quality of health care and suspected fraud and abuse or did not want to report these issues.

- ◆ When asked to suggest a contact for reporting poor quality care or fraud and abuse, about one-third of low-literate beneficiaries said they would not suggest a contact at all, in contrast to one-fourth of the general Medicare population. Approximately one out of two of both low literacy and general Medicare beneficiaries who suggested a contact named the Social Security or Medicare office in both situations.

Beneficiary Information-Seeking Behavior

As with other beneficiary subgroups, beneficiaries with low literacy skills demonstrated a variety of approaches to seeking information:

- ◆ Most focus group participants with low educational attainment reported reactive information-seeking preferences – looking for information only when they needed it. Many of these reactive information-seekers reported that they did not need information about the Medicare program because they had not experienced any problems.
- ◆ Some participants with low educational attainment seemed to rely on passive strategies for gathering information about Medicare. These beneficiaries had basic questions about the Medicare program and their coverage, but they did not report any attempts to get answers.

- ◆ A few focus group participants with low educational attainment preferred a high level of involvement with the Medicare program and with Medicare processes. For example, these proactive beneficiaries reported that they wanted detailed information about their Medicare claims so they could track charges and help Medicare identify errors.

In a multivariate analysis of MCBS data, beneficiaries with a limited education were less likely than the general Medicare population to be characterized as “active information seekers.” A measure of information seeking, based on the number of different sources beneficiaries reported on the MCBS to have ever used to obtain Medicare information, was positively related to education level. Beneficiaries who had completed 12th grade or beyond were twice as likely as beneficiaries who completed 5th grade or less to be characterized as active seekers of Medicare information. Beneficiaries who had completed at least 9th to 11th grades were 1.5 times as likely as beneficiaries who completed 5th grade or less to be characterized as active seekers of Medicare information.

The combination of lower-self-reported knowledge in the MCBS by low-educated beneficiaries with reports of less need for information also suggests that a large majority of these beneficiaries are reactive or passive information seekers.

Implications for HCFA

- ◆ Low-literate beneficiaries identified the same topics as priorities for more information as the general beneficiary population. Top choices were the Medicare program itself, staying healthy, and out-of-pocket payment for services. These topics may be good candidates for HCFA information campaigns for all beneficiaries, with a focus on ensuring that low-literate beneficiaries also have access to this information.
- ◆ The market research found that low-literate beneficiaries consider staying healthy important and feel they are somewhat knowledgeable on this topic. They have only a modest knowledge of covered preventive benefits, however. To retain the interest of low-literate beneficiaries, HCFA could focus some materials on knowledge about preventive benefits.
- ◆ At least some beneficiaries with low educational attainment would benefit from more effective information about how the Medicare program is set up and how beneficiaries can use the program to get care. Orientation and introductory materials should include information about enrollment and program qualifications.
- ◆ Few low-literate beneficiaries perceived a need for insurance- and HMO-related information over a one-year period, although well over one-half felt they knew very little of what they needed to know about this topic. This may indicate that the group of passive information seekers is quite large. The finding mirrors what was found for the general Medicare population, though more low-literate beneficiaries indicated poor knowledge of topics and less perceived need for information. HCFA will need to adopt education strategies for the low literacy subgroup that are proactive in nature rather than reactively waiting for these beneficiaries to contact them for information.

CHAPTER 4. WHAT INFORMATION SOURCES DO BENEFICIARIES WITH POOR LITERACY SKILLS PREFER?

This chapter highlights the differences and the similarities between the use and preferences of information sources by low-literate beneficiaries and the general Medicare population. Included are discussions of beneficiaries' receipt, use, and evaluation of the Medicare Handbook, propensity for following Medicare developments, and criteria for evaluating information sources.

Key Findings on Preferred Information Sources for Low-Literate Beneficiaries

- ◆ Low-literate beneficiaries are similar to the general Medicare population in identifying the Medicare program and providers as their most important sources for obtaining information.
- ◆ Among those who do follow general changes in the Medicare program, low literacy and general Medicare beneficiaries prefer media sources (such as television, newspapers, radio, magazines) and Medicare publications to stay current with these changes.
- ◆ Unlike the 80 percent of the general Medicare population that follows Medicare developments, only 68 percent of the low-literate population indicated that they keep up with changes in the Medicare program.
- ◆ The low-literate population obtains Medicare information from Medicare sources, including the Medicare Handbook, and ranked HCFA high on trustworthiness. However, this subgroup was more likely than the general Medicare population to find the Handbook difficult to understand.
- ◆ A primary difference between low literacy and general Medicare beneficiaries is the low literacy subgroup's greater reliance on family and friends for information and a greater need to feel comfortable with an information source. Although, low-literate beneficiaries have obtained a large amount of their information from providers in the past, they reported being less likely to rely on providers as sources of information compared with other Medicare beneficiaries.

Information Sources

Much like the general Medicare population, low-literate beneficiaries turned to different sources for information on different Medicare-related topics. **Across all topics on the MCBS, the low-literate population was similar to the general Medicare population in identifying the Medicare program and providers as their most important sources for obtaining information.** In fact, low-literate beneficiaries expressed even greater reliance on these sources than Medicare beneficiaries in general, as shown in Table 4.1.

Table 4.1
Preferred Information Sources for Low-Educated Beneficiaries
and All Medicare Beneficiaries, 1997*

Medicare Topic	Medicare/ Carrier/ 1-800	Doctor/ provider	Community Org.	Family, Friends	Insurance Company	AARP/Sr. Citizens' Group	Other
Medicare program							
<i>Low Educated</i>	50.0	30.9	7.4	7.9	1.5	2.1	0.2
<i>All Beneficiaries</i>	53.8	22.3	8.3	4.6	2.9	7.7	0.3
Out-of-pocket payments							
<i>Low Educated</i>	60.4	25.7	3.8	5.3	3.1	1.3	0.5
<i>All Beneficiaries</i>	64.3	20.7	4.4	2.6	5.5	2.1	0.4
Supplemental insurance							
<i>Low Educated</i>	36.3	17.3	8.6	4.7	28.3	4.8	0.0
<i>All Beneficiaries</i>	19.8	11.6	7.3	6.5	42.5	11.0	1.5
Medicare HMOs							
<i>Low Educated</i>	51.0	20.8	9.2	7.5	9.2	2.0	0.4
<i>All Beneficiaries</i>	40.4	18.6	9.5	7.7	15.5	7.6	0.7
Finding a doctor							
<i>Low Educated</i>	22.8	46.3	6.7	19.1	2.6	1.6	1.0
<i>All Beneficiaries</i>	12.6	47.3	6.0	26.5	4.7	2.2	0.8
Staying healthy							
<i>Low Educated</i>	12.8	67.0	8.5	8.7	1.6	1.3	0.1
<i>All Beneficiaries</i>	6.6	64.7	10.3	9.6	3.1	3.8	2.0

Source: Table prepared by Barents Group LLC, in collaboration with Project HOPE
Data Source: Medicare Current Beneficiary Survey

*Percentages are based on respondents who chose at least one source. Respondents who said they did not need information on the topic are excluded from the figures in the table.

- ◆ For information about new benefits or changes in the Medicare program, out-of-pocket charges, or Medicare HMOs, low-literate beneficiaries tended to prefer Medicare sources (Medicare carriers, local Medicare offices, and toll-free Medicare numbers). A higher share of these beneficiaries, however, also learned about these topics from their health care provider compared with the general Medicare population.
- ◆ For information on finding a doctor who accepts Medicare assignment or staying healthy, low-literate beneficiaries mainly consulted health care providers.
- ◆ For information on supplemental insurance policies, beneficiaries relied on insurance companies but also relied on Medicare and on providers to a greater extent than the general Medicare population.

In a broader set of questions about sources of information, the most common sources that low-literate beneficiaries reported using to acquire *general* information about the Medicare program were television, newspapers, radio, magazines, and Medicare publications. Though both groups identified these sources, only 27 percent of low-literate beneficiaries identified Medicare

publications as a source they had used to obtain information in the past, compared with 42 percent of the general Medicare population. Although low-literate beneficiaries rely heavily on Medicare sources for information, their lower reading skills may preclude them from relying on Medicare materials written at too high of reading levels.

When asked about preferred information sources, the low-literate population was as likely as the general Medicare population to indicate that they do not need information on the various topics. Approximately 60 percent of both populations said they did not need information about supplemental insurance or Medicare HMOs, while approximately 40 percent said they did not need information on payment for Medicare services or how to locate a doctor. Approximately 30 percent to 35 percent of both groups said they did not need information about the Medicare program or staying healthy. However, as indicated in Chapter 3, beneficiaries with poor literacy skills had less knowledge about basic and specific aspects of the Medicare program than the general Medicare population, again indicating that a potentially large portion of these beneficiaries take a passive approach to acquiring information about their Medicare benefits.

Medicare Handbook

More so than the general Medicare population, beneficiaries with low educational attainment said the Handbook was difficult to understand. The MCBS indicated that substantially fewer limited education beneficiaries (34 percent) than general Medicare beneficiaries (46 percent) preferred to use the Handbook to keep up with changes in the Medicare program. Handbook use increased with education level, with beneficiaries who had 12 years or more of education using it twice as much as those with less than 5 years of education.

Low literacy focus group participants tended to describe the Handbook as repetitious, fragmented, and dense. Inventory report findings confirm that beneficiaries with low educational attainment or low literacy skills have difficulty comprehending ideas conveyed in a written format, in part because they process the information in bits and pieces rather than as integral parts of whole concepts.

Smaller percentages of beneficiaries with 5 years or less of formal education reported receiving the Handbook compared with beneficiaries with higher educational attainment. Only one out of three low-literate beneficiaries reported receiving the Handbook compared to one out of two general Medicare beneficiaries. This might be due to lower recall rates since low-literate beneficiaries did not appear to consult the Medicare Handbook as frequently as general Medicare beneficiaries.

Criteria for Evaluating Information Sources

Low-literate beneficiaries value feeling comfortable with an information source – a criterion not identified by the general Medicare population. The inventory research found that persons with low literacy skills may be afraid to tell their physician that they do not understand something, fearing a disrespectful response. This may indicate why low literacy focus group participants rated medical providers high for amount of information received, but very low on trust. Some focus group participants felt that their medical providers would not take the time to talk with them about their questions. Some focus group participants also seemed intimidated

by information from “official” sources, perhaps indicating why low-literate beneficiaries demonstrated higher reliance on family and friends.

Low literacy focus group participants ranked HCFA higher for amount of information and trust than did general Medicare focus group participants. These rankings were based mostly on learning during the focus groups that HCFA was the Federal agency responsible for Medicare, although some participants seemed to have heard of HCFA before the focus groups.

Despite the high ratings of HCFA, subsequent discussion brought out some distrust of and dissatisfaction with government. For example, although beneficiaries with lower education rated Medicare contractors highly both for trust and amount of information, the only substantive conversation about Medicare contractors in the focus groups was surprisingly negative. Less-educated beneficiaries also ranked supplemental insurers much lower on amount of information and trust than participants in the general Medicare population groups. The group discussion shed little light on this difference. The differences may be due to including HMOs and Medicaid in the category.

Less-educated participants were similar to participants from the general Medicare population in their opinions about the mass media. Although some relied on media for information, most participants simply did not trust the mass media generally and considered it sensationalist.

The MCBS results indicate that somewhat more low-literate beneficiaries (23 percent) than general beneficiaries (16 percent) obtain general Medicare information from family and friends. Focus group participants said that, in general, beneficiaries trust information they receive from their family and friends, though some thought the quality of the information may be relatively low. Beneficiaries with low literacy skills had much the same view of family and friends as the general Medicare population. Low literacy participants who had older spouses, older friends and family members, or friends and family members in medical professions reported that they used their friends and family as frequent sources and that they trusted the information. People who reported relying on family and friends as frequent sources of information were more likely to be reactive rather than proactive about seeking information. People who said they do not get Medicare information from family and friends generally agreed that their family and friends mean well, but they do not have the required experience with or knowledge of the Medicare program.

Community resources were ranked lowest on amount of information and next to lowest on trust by low-educated beneficiaries. Few reasons were given for this low ranking. Although many low-educated participants ranked AARP highly, on average it received lower rankings than from the general Medicare population or most other subgroups. Less-educated participants mentioned other sources for useful information, including health food stores, local politicians, and state Agencies for Aging.

Implications for HCFA

- ◆ A much smaller portion of the low-literate population (68 percent) than the general Medicare population (80 percent) reported following Medicare developments. This is another indication that the low literacy subgroup is more passive in their pursuit of Medicare

information and requires more active outreach strategies by HCFA to provide them with information that HCFA feels is important for all beneficiaries to have. In designing these strategies, HCFA should consider those areas where the low-literate population demonstrated substantial lack of knowledge about the program.

- ◆ Beneficiaries with low educational attainment said the Medicare Handbook was difficult to understand. Inventory respondents suggested that HCFA consider making it less text heavy, and employ more white space and graphics. Other possibilities include putting the most important points in a larger quote, sidebar, or subheadings to draw attention. Interview respondents noted that the Handbook is written for more sophisticated readers than are many older adults.
- ◆ Smaller percentages of beneficiaries with 5 years or less of formal education reported receiving the Handbook compared with beneficiaries with higher educational attainment. HCFA should study this finding more closely to understand its cause. Since HCFA cannot easily identify low-literate beneficiaries, the Agency should also make sure it provides the Medicare Handbook to community organizations and other sources that low-literate beneficiaries rely on so they can access the information.
- ◆ For the low-literate population, “official” sources of information can be intimidating although they rely on them for much information. HCFA should promote beneficiary encounters with the Medicare system that are friendly and address beneficiary concerns in a respectful manner. HCFA might consider peer advisors, in addition to physicians, for in-person communications with low-literate beneficiaries.
- ◆ Providing Medicare information to the family and friends of this population may be an important strategy. Low-literate beneficiaries value feeling comfortable and respected when discussing personal matters, and consider their family and friends trustworthy. Family and friends may be able to assist these beneficiaries in understanding Medicare information but need good information themselves.
- ◆ While the MCBS indicated that low-literate beneficiaries used community organizations as an information source, focus groups ranked community sources low on amount of information and trust. Since these beneficiaries want to obtain information from community sources, HCFA might consider increasing its partnerships with such groups, providing them with more and better designed information that can be shared with these beneficiaries.

CHAPTER 5. WHAT COMMUNICATION MODES DO BENEFICIARIES WITH POOR LITERACY SKILLS PREFER?

Freimuth and Mettger (1990) suggest that a low-literate population is not a “hard-to-reach” group, but rather one that should be approached with communication approaches tailored to their strengths (e.g., enhanced listening and memory skills). This chapter highlights interactive and non-interactive modes of communication that low-literate beneficiaries said they prefer, and discusses similarities and differences in these preferences from general Medicare beneficiaries. The chapter also includes a discussion of low-literate beneficiaries’ access to and preferences for some newer forms of communication technologies.

Key Findings on Preferred Communication Modes for Low-Literate Beneficiaries

- ◆ Among interactive communication modes, low-literate beneficiaries demonstrated an overwhelming preference for in-person contact. They were substantially more likely to prefer in-person contact and more likely to use the telephone to gather information than beneficiaries in general, although they expressed impatience with automated phone systems.
- ◆ Among non-interactive communication modes, both low-literate and general Medicare beneficiaries preferred brochures for easy review of information at their own pace and when needed. Brochures, as opposed to denser materials, may be accessible to the low-literate beneficiaries if they are written at the appropriate reading level as a supplement to in-person communications and audio and video materials.
- ◆ Newer technologies were preferred by few low-literate beneficiaries, and few had access to computers or the Internet. Low-literate beneficiaries’ hesitation to use computers was often centered on their need to learn how to operate them before being able to access information on their own.
- ◆ The intricacy of communicating complex Medicare and health information is exacerbated by the problem of identifying individuals with poor literacy skills. Therefore, it is best to use a variety of communication methods designed to appeal to all literacy levels to try to reach as many individuals as possible. The inventory research suggests that information should be presented to low-literate beneficiaries through a variety of media sources so they can select the form with which they are most comfortable.
- ◆ No matter which mode of communication is used, findings from the inventory research indicate that a fundamental principle in communicating with a low literacy audience is to pre-test the method with this audience for comprehension of concept, text, and graphics. Pre-testing should occur while materials are still being drafted, with at least 25 to 50 members of the target audience, on an individual or group basis. Goals of pre-testing include assessing:
 - ◇ Simplicity of the text (e.g., does the target audience understand the meaning of the statement).
 - ◇ Appeal of material (e.g., does the target audience like the way people are portrayed, do they find the color and graphics attractive).

- ◇ Cultural acceptability (e.g., are the materials acceptable to the age, gender, and cultural preferences of the target audience).
- ◇ Personal involvement with the material (e.g., can the target audience see themselves performing the actions described).

Communication Modes

Interactive Communication Modes

Interpersonal Contact. The market research found that **beneficiaries with low educational attainment overwhelmingly prefer information to be delivered face-to-face rather than in writing.** A greater fraction of low-literate beneficiaries in the MCBS – approximately one-half – preferred in-person communication modes, higher than among the general Medicare population. They especially preferred in-person contact for finding a physician. The inventory research found that low-literate individuals rely heavily on oral explanations, visual cues, and demonstration of tasks to learn. These coping mechanisms, which necessitate in-person contact or communication modes that strongly approximate in-person dialogue (e.g., video- or audiotapes with question and answer formats, FAQ sheets with graphical demonstrations), should be used in designing communication methods.

Telephone Conversations/Toll Free (1-800) Numbers. **MCBS respondents with a limited education indicated a greater preference for talking with someone by telephone than the general Medicare population.** This preference was true for 13 percent to 24 percent of low-educated beneficiaries across all Medicare-related topics on the MCBS, with the exception of staying healthy. For this topic, only 7 percent of low-educated beneficiaries preferred the telephone, favoring instead talking with someone in-person (52 percent) and brochures (27 percent).

Similar to participants in the general Medicare focus groups, low literacy participants preferred speaking with an operator and had few positive comments about automated telephone menus. They described bad experiences such as getting disconnected repeatedly, loud on-hold music, and menus that are recited too quickly and are not sufficiently comprehensive. If they must use an automated menu, participants with low educational attainment want the number of options to be small (no more than four), the number of menu levels to be no more than three, and waiting times to be kept below 10 minutes. Some suggested that, rather than sit through an automated menu, they would like to leave a message and have their call returned, or wait on hold after being told about how long the wait might be.

Non-Interactive Communication Modes

The inventory research suggested the use of non-written communication materials, such as picture books, slide or tape presentations, audiotapes, videotapes, and computer-based multimedia for communicating with persons who have poor literacy skills. These modes are useful because information can be repeated whenever the individual needs it and may be used without assistance. In addition, the National Committee On Aging found videotapes to be more effective when seniors are the actors and when they employ non-technical language. The

Committee uses brochures to augment videotapes as take-home pieces. Lower income populations may be more likely to have access to an audiotape player than to videotape players.

Radios, Television, and Videos. Like participants from the general beneficiary population, beneficiaries with low educational attainment rely on radio and television for general health and Medicare information. Inventory respondents suggested targeting television and radio messages to programs that seniors regularly tune-in to, such as soap operas, game shows, and religious programming. Several focus group participants reported that they regularly watch and trust the information provided by health-related talk shows. However, like their general Medicare population counterparts, some low educated participants were suspicious of the trustworthiness of radio and television reports. Furthermore, a few members commented that coverage in these media is often superficial and sensationalist.

Both general Medicare focus group participants and participants with low educational attainment reported using videotapes to get information about health topics. Beneficiaries from both sets of focus groups, however, expressed skepticism about the motives of videotape manufacturers.

Newspapers, Magazines, and Other Print Materials. There was little discussion among beneficiaries with low educational attainment about newspapers and magazines as information sources. Print materials may be used with a low literacy audience even though some individuals with very low literacy abilities may not be able to use them. Skill level varies across wide competencies and more than one version of print should be developed to address this skill range. The inventory report found that low literacy individuals often have someone who assists them with literacy-related tasks.

As with focus group participants from the general Medicare population, those with low educational attainment prefer written information that comes to them through the mail. However, both sets of beneficiaries also complained about getting too much junk mail. They reported throwing away material without looking at it when they become overwhelmed by mail. A few people thought some mailed information is too hard to understand.

Computers and the Internet. **The concerns about computer information expressed by participants with low levels of educational attainment were more personal than concerns expressed by general Medicare participants.** Many low literacy participants were worried about learning to use the computer, understanding instructions on the screen, or investing their own money to purchase a system that would quickly become obsolete. Medicare beneficiaries in general were more likely to mention concerns about privacy, security, and timeliness.

Some low-literate focus group participants liked the idea of being able to access information on a computer, although they admitted they would have to learn how to use the machine first. Other participants were adamant in refusing to learn about computers. Almost no low-literate beneficiaries preferred the Internet as a communication tool.

Access to Communication Technologies

Access to some newer forms of communication such as VCRs, cable TV, and the Internet is less prevalent among low-literate beneficiaries than the general Medicare population. Three out of four Medicare beneficiaries in general reported having access to a VCR and/or cable TV, compared with only about two out of four low-literate beneficiaries. Moreover, less than 2 percent of low-literate beneficiaries said they had access to the Internet compared to 7 percent of the general Medicare population.

Access to technology further declines among the low-literate population with increasing age. Most markedly, while almost 51 percent of the low-literate population ages 65 to 74 had access to a VCR, only 29 percent of those ages 85 or older reported access. Among the general Medicare population, 37 percent of those ages 85 or older reported access to a VCR.

Implications for HCFA

- ◆ The inventory, focus group, and MCBS analyses found that beneficiaries with poor literacy skills prefer information to be communicated in-person rather than in writing. This allows them to better use their stronger skills for gathering information, such as reliance on verbal explanations, visual cues, and enhanced memory and listening skills. HCFA should consider how best to reach this population through a combination of in-person sources which might include providers, peer advisors, family members, and community groups serving the low-literate population. Additionally, HCFA should advertise SHIPs as a source of one-on-one counseling. Current low utilization of SHIPs suggests that low literate, as well as other beneficiaries, are not aware of the availability of this service.
- ◆ Print materials may be used even though some individuals with a limited education may not be able to use them. Skill levels vary widely, so multiple versions of materials may be helpful to address this range. HCFA should provide brochures and pamphlets at lower reading levels. The inventory research recommends no higher than a 4th or 5th grade reading level.
- ◆ Limited literacy individuals often have someone who assists them with literacy-related tasks, such as family, friends, and senior citizen community organizations, so information may be targeted to these individuals or groups.
- ◆ The text format and the readability of the material are important factors to be taken into consideration for older adults. Contrast between text and paper, large font, short paragraphs, and simple language are all key elements to incorporate when creating print materials for all elderly adults but especially for low-literate individuals. Use bullets and relevant graphics wherever possible. This is true for the general Medicare population as well as particular sub-groups.
- ◆ Print materials can be formatted to include simple summary statements and graphics in the margins to accompany the text. The low-literate senior can more easily follow these, while the senior who reads well will most likely view the statements as an outline.
- ◆ All materials should be pre-tested during the draft stages with a sample of beneficiaries who have varying levels of formal education. This would allow HCFA to make revisions based on the target population's response. Goals of pre-testing include understandability of the

message, attractiveness of the materials, cultural acceptability, and personal involvement with the material by the target audience.

- ◆ Ensuring that hard copy and on-screen computer instructions are simple and direct will allow “computer-eager” low-literate beneficiaries to take advantage of any Internet-accessible information that HCFA provides.